rtment of Human Services
rtment of Human Services

Division of Child Care & Early Childhood Education Name of Facility:																																	
ttendance Form Month																																	
Child 's Name (First and Last Name		1	2	3	4	5	6	7	7 8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT				+		+																										
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT																																
	IN																																
	OUT											T												Ţ	T		T			T			
	IN																																
	OUT																																
Total																																	
Total	4		1	1	-1	I .				1																							1

•		
	Director/ Owner Signature	Date